COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 6 Command Grant Management

Command:	Division:	Number:
Morongo	Inland	870
Evaluated by:	Date:	
Sgt. Ron Seldon		12/10/2009
Assisted by:	Date:	
Sgt. Veda Fleeton		12/10/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any discrepancies with policy, applicable legal statues, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected. Lead Inspector's Signature: TYPE OF INSPECTION □ Division Level ☐ Command Level ☐ Executive Office Level □ Voluntary Self-Inspection Commander's Signature: Follow-up Required: ☐ Follow-up Inspection 2/5/10 \bowtie No Yes For applicable policy, refer to: GO 40.6 Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation 1. If the commander became aware that another agency or organization is proposing or has submitted ☐ Yes □No N/A Remarks: Has not occurred at a grant application to a funding agency other than the Агеа. Office of Traffic Safety (OTS) that appears to focus on traffic safety goals clearly within the jurisdiction of the Department, did the commander notify the appropriate assistant commissioner? 2. Has OTS grant funding, through the Highway Safety ⊠ N/A Remarks: Has not occurred at Plan, been sought for traffic safety-related activities ☐ Yes □No for the purpose of conducting inventories, need and Area engineering studies, system development or program implementations? Has the command sought grant funding to assist with the expenses associated with the priority programs □ Yes ⊠ No □ N/A Remarks: identified by the National Highway Traffic Safety Administration? 4. Has the commander ensured grant funds are not ⊠ Yes □No □ N/A Remarks: being reallocated to fund other programs or used for non-reimbursable overtime expenditures? 5. Are concept papers regarding grant funding ☐ No ⊠ N/A Remarks: No concept papers submitted through channels to Grants Management ☐ Yes submitted. Unit (GMU)? Was GMU contacted to determine the current personnel billing rates used for grant projects when ☐ Yes ΠNο ⊠ N/A Remarks:

preparing concept paper budgets?

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7. Is supporting documentation of consent and acceptance (of the work, goods, or services provi by the state on behalf of a local government agen as required by 23 Code of Federal Regulations Parameters (1250) being submitted to OTS for all grant project coded as "for local benefit"?	art	□No	⊠ N/A	Remarks: Has not occurred at Area
8. Were all copies of the grant project agreements, revisions, and claim invoices signed by the Project Director, or designated alternate?		□No	□ N/A	Remarks:
 Were all inquiries or correspondence concerning availability of grant funds or other contacts with gr funding agencies coordinated/processed through GMU? 	rant X Yes	□No	□ N/A	Remarks:
10. Are all expenditures of grant funds approved by G prior to entering into any obligations, with the exception of personnel costs?	SMU Yes	□No	□ N/A	Remarks:
11. Are quarterly progress reports forwarded though channels to GMU in accordance with the instruction contained in the associated project MOU?	ons 🛮 🖾 Yes	□No	□ N/A	Remarks:
12. Are all requirements of the grant agreement and MOU being met?		□No	□ N/A	Remarks:
13. Is a final project report being prepared in accorda with the funding agency and departmental requirements upon the termination of the grant project?	nce X Yes	□No	□ N/A	Remarks: Prepared by Division AGPA
14. Does every invoice associated with a grant funde project contain the project number and name?	d 🛛 Yes	□No	□ N/A	Remarks:
15. Are all purchases of grant-funded equipment acquired under an OTS grant exceeding a unit co of \$5,000 being documented on an Equipment Report, Form OTS-25?	est Yes	□No	⊠ N/A	Remarks: No purchases of grant funded equipment made by Area
16. Has grant funded equipment been inspected to ensure it is being utilized in accordance with the respective grant agreement?	☐ Yes	□No	⊠ N/A	Remarks:
 17. Are applications for federal funds in accordance we Government Code Section 13326 including obtain approval from the Department of Finance and/or Governor's office prior to submission to the appropriate federal authority? This would include any of the following: Applications for federal funds which are reincluded in the budget approved by the Governor. Applications for federal funds which except the amount specified in the budget. 	ning Yes	□ No	⊠ N/A	Remarks: No applications for federal funds have been submitted by Area

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10	Federal Standard Form 424, Application for Federal Assistance, filed with the State Clearinghouse for all approved unbudgeted grant requests received by the Department of Finance?	☐ Yes	□No	⊠ N/A	Remarks: Has not occurred at Area
19	Has any request for unanticipated federal funds met the criteria for legislative notification set forth in Control Section 28.00 of the annual Budget Act?	☐ Yes	□No	⊠ N/A	Remarks: Has not occurred at Area
20	. Are grant funds being used for their intended purpose?	⊠ Yes	□No	□ N/A	Remarks:
21	Are grant applications related to the Motor Carrier Safety Assistance Program (MCSAP) being routed through the Commercial Vehicle Section before they are submitted to the funding agency?	☐ Yes	□No	⊠ N/A	Remarks: No MCSAP applications have been submitted by Area
22	Are grant applications related to the Homeland Security Grant Program being routed through the Emergency Operations Section before they are submitted to the funding agency?	☐ Yes	□No	⊠ N/A	Remarks: No Homeland Security applications have been submitted by Area
	Submitted to the funding agency:				
Quest		t Unit			NAME OF THE OWNER OF THE OWNER, THE OWNER OF THE OWNER, THE OWNER, THE OWNER, THE OWNER, THE OWNER, THE OWNER,
	ions 23 through 26 pertain to the Grants Management. Has GMU prepared an annual Management Memorandum to be disseminated to all commanders soliciting participation in the Department's Highway Safety Program?	t Unit ☐ Yes	□ No	⊠ N/A	Remarks:
23	ions 23 through 26 pertain to the Grants Managemen . Has GMU prepared an annual Management Memorandum to be disseminated to all commanders soliciting participation in the Department's Highway		□ No	⊠ N/A	Remarks:
23	ions 23 through 26 pertain to the Grants Management. Has GMU prepared an annual Management Memorandum to be disseminated to all commanders soliciting participation in the Department's Highway Safety Program? Did GMU send the concept paper as an attachment to a memorandum through the Planning and Analysis Division to Assistant Commissioner, Field, and Assistant Commissioner, Staff, and their Executive	☐ Yes		_	

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 6 Command Overtime

Command:	Division:	Number.
Morongo	Inland	870
Basin		
Evaluated by:		Date:
OSSII Vonna Br	oughton	12/10/2009
Assisted by:		Date:
OSS Sandra Hannon		12/10/2009

INSTRUCTIONS: Answer individual items with "applicable legal statues, or deficiencies noted in the discrepancies and/or deficiencies shall be documed furthermore, the Exceptions Document shall incl. Inspection, the "Follow-up Inspection" box shall be applied to the state of the shall be applied to the shall be applie	the inspections shall b ented on an Exceptio ude any follow-up and	oe comment ons Docume d/or correcti	ted on via the int and addre ve action(s)	e "Remark: essed to the taken. If th	s" section. Additionally, such e next level of command. his form is used as a Follow-up
TYPE OF INSPECTION		Lead Inspec	ctor's Signatur	e:	
	nd Level				
_	y Self-Inspection	1/on	ra B	nush	£(0)
Follow-up Required:	w-up Inspection	Commande	r's Signature:		Date:
Yes No	1 Chapter 6	1	76	//	
For applicable policies, refer to HPM 11. HPM 40.71, Chapters 2, 8, and 10, HPM Chapter 2, and HPM 10.3, Chapters 24	1 10.5,				
Note: If a "No" or "N/A" box is checked, the '		shall be uti	lized for ex	planation	
 Is the hiring company/agency for rei overtime being held responsible for minimum of four hours of overtime p uniformed employee, regardless of l service/detail? 	paying a per CHP	⊠ Yes	□No	□ N/A	Remarks:
2. Is a minimum of four hours overtime being allocated to each CHP uniformed employee(s) if cancellation notification is made 24 hours or less prior to the scheduled detail and the assigned CHP uniformed employee(s) cannot be notified of such cancellation?			□No	□ N/A	Remarks:
Are reimbursable special project coof for all overtime associated with reim projects?	des being used	⊠ Yes	☐ No	□ N/A	Remarks:
Is the commander ensuring nonunification overtime hours are not reflected on Overtime Hours for Reimbursable S	the Report of	☐ Yes	□ No	⊠ N/A	Remarks: documented on CHP 71.
5. Is the commander ensuring non-reir overtime is not being claimed for an than Bargaining Unit 7, while on vac compensated time off for hours work regular work shift time?	mbursable employee, other cation or	⊠ Yes	□ No	□ N/A	Remarks:
6. Is "RDO" being written in the "Notes CHP 415, Daly Field Record, for ove a regular day off?		☐ Yes	⊠ No	□ N/A	Remarks: Not recorded under the "notes" section of CHP 415
7. Is there a CHP 90, Report of Court A Civil Action, completed for each office when overtime is associated for civil	cer or sergeant	⊠ Yes	☐ No	□ N/A	Remarks:

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Chapter 6 Command Overtime

8.	Do the CHP 415s with overtime indicate the employee's lunch period or indicate "None" if the employee worked through their lunch break?	⊠ Yes	□No	□ N/A	Remarks:
9.	Did the supervisor sign the CHP 415s approving the overtime?	⊠ Yes	□No	□ N/A	Remarks:
10	Are claimed overtime meals related to overtime worked within 50 miles of the employee's headquarters?	☐ Yes	□No	⊠ N/A	Remarks: No overtime meals claimed in Area during requested period.
11.	If overtime is incurred by a peer support counselor, is the name of the employee to whom support was provided excluded from the CHP 415 of the counselor?	☐ Yes	□No	⊠ N/A	Remarks: No occurrence in Morongo Area.
12	. Is the "Notes" section on side two of the CHP 415 used to explain any overtime listed on side one of the CHP 415?	⊠ Yes	□No	□ N/A	Remarks:
13	Are employee's Compensated Time Off hours maintained within reasonable balances?	⊠ Yes	□ No	□ N/A	Remarks:
14	Is the commander ensuring employees are not incurring overtime due to working over the allotted number of hours for any given Fair Labor Standards Act (FLSA) period?	☐ Yes	⊠ No	□ N/A	Remarks: Excessive FLSA overage earned for requested period.
15	Is the commander ensuring uniformed employees are not working voluntary overtime which results in them working more than 16.5 hours in a 24 hour period?	⊠ Yes	□No	□ N/A	Remarks:
16	. Do the CHP 415 total overtime hours agree with the Monthly Attendance Report (MAR)?	⊠ Yes	☐ No	□ N/A	Remarks:
17	Are the MARs retained for at least three years and contain the commander's signature?	⊠ Yes	□ No	□ N/A	Remarks:

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

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Command	Division:	Chapter:	
Morongo	Inland	6	
Inspected by:		Date:	
Sat. Ron Seldon, C	SSII Vonna Broughton	12/10/2009	

INSTRUCTIONS: This document shall be number of the inspection in the Chapter shall be routed to and its due date. This improvement, identified deficiencies, cor	Inspection docume	on number. Under "Forw ent shall be utilized to do	ard to:" enter the nex cument innovative pr	ill in the blanks as indicated. Enter the chapter act level of command where the document actices, suggestions for statewide a used if additional space is required.
TYPE OF INSPECTION ☑ Division Level ☐ Command L ☐ Executive Office Level	evel	Total hours expende inspection: 1.5 hours	d on the	☐ Corrective Action Plan Included ☐ Attachments Included
Follow-up Required: ☐ Yes ☑ No	Inspec	rd to: Office of tions ate: 1/10/2009	3.41 M	
Chapter Inspection: Inspector's Comments Regar Grant binders were found to be each grant special code. The spreadsheet summary of over	e well binder	organized and incl 's also included se	uded a table of	contents with a brief description of each special code with a
Command Suggestions for St	atewio	de Improvement:		

All overtime reconciliation reports were found to be signed by the commander or designee as required by policy. All hours allocated for each grant inspected were used completely by the Morongo Basin Area. Additionally, the Area did not exceed the hours given on any grant assignment.

All quarterly reports are kept in an electronic file which can be accessed by Area personnel. The inspector recommends that a hard copy of these reports be kept on file in a binder at the Area office with a record tracking the submission dates of the reports to Inland Division.

Overtime worked on a regular day off did not show "RDO" written in the notes section of the CHP 415.

Review of Monthly Attendance Reports reflected an excessive FLSA overtime hours earned. Office supervisor confirmed overage was due to scheduling.

COMMAND INSPECTION PROGRAM EXCEPTIONS DOCUMENT

Command	Division:	Chapter:
Morongo	Inland	6
Inspected by:	OSSII Vonna Broughton	Date: 12/10/2009

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age 2 of 3	=20_3
Commander's Response: TC Concur or	□ Do Not Concur (Do Not Concur shall document basis for response)
Sommandor o response. 🗡 consur or	
	2
	concurrence by commander (e.g., findings revised, findings unchanged,
etc.)	
Required Action	
Corrective Action Plan/Timeline	
Corrective Action Plan/Timeline	
10	
Employee would like to discuss this report with	COMMANDER'S SIGNATURE DATE
the reviewer.	1/3/10

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

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Command	Division:	Chapter:
Morongo	Inland	6
Inspected by:	***************************************	Date:
Sgt. Ron Seldon, OSSII Vonna Broughton		12/10/2009

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